



South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Faculty Change* for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Avera Rosebud County Care Center / Avera Gregory Hospital
Name of Primary Instructor: Carla Warke, RN
Address: 911 Felton Ave
Gregory SD 57533
Phone Number: 605 835 9548 Fax Number: 835 9548
E-mail Address of Faculty: vicw@gwtc-net

1. Identify the approved curriculum that your instructors are using:

- ☐ 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
- ☐ Gauwitz Textbook - Administering Medications: Pharmacology for Health Careers, Gauwitz (2009)
- ☐ Mosty's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
- ☒ Nebraska Health Care Association (2010) (NHCA)
- ☐ We Care Online

2. List new and existing faculty requested and licensure information.

For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience.

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Carla Warke	SD	R030440	4-24-14	
Roxanne Ahlers	NE	68189	10-31-12	OK <i>lm</i>
Jennifer Allmendinger	SD	R037394	5-17-14	OK <i>lm</i>

RN Faculty Signature: Carla Warke

Date: 6/12/12

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>06/12/2012</u>	Date Notice Sent to Institution:
Date Application Approved: <u>06/26/2012</u>	Date Application Denied:
Expiration Date of Approval: <u>04/30/2014</u>	Reason:
Board Representative: <i>lm</i>	